

the Committee on Postgraduate Activities. Component county societies that have not appointed postgraduate committees for the current year are now requested to do so.

ON VARIOUS TOPICS

Indictments Against Officers of the American Medical Association: Washington Trial Indefinitely Postponed.—At the time this is written, information has been received that the trial of the case of the *United States vs. American Medical Association*, recently reopened at the instance of the attorneys for the Federal Government, before one of the District of Columbia courts, has been indefinitely postponed.

This news is as gratifying to physicians as was regrettable the initial announcement of the action by the Government, through which officers of the American Medical Association, District of Columbia Medical Society, and members of county societies in other States were charged with a violation of the 1891 Sherman Antitrust Act.

Just when, if ever, the case now will be brought to trial is not known. The action of the Government in deciding not to proceed with the case at this time will assure greater success for the American Medical Association in its efforts to promote medical preparedness. Those plans can now be prosecuted with that vigor and success so much needed if the United States is to be adequately made ready in medical matters—in case certain emergencies arise.

It may not be amiss to reprint here for record, and for perusal by Association members who did not see the article in *The Journal of the American Medical Association* (for June 19), the opening editorial comment in that number where, under the caption "Important Announcement," the following statement appeared:

At this time *The Journal* is compelled to inform its readers that the work of the American Medical Association as a body, including its contribution in aid of the national defense, must suffer serious interference during the next two or three months. The Secretary and General Manager of the American Medical Association, the Editor of its publications, the Secretary of its Council on Medical Education and Hospitals, and the Director of its Bureau of Medical Economics must be absent from the headquarters office during those months, since they are required to attend, as defendants, their trial in the United States District Court for the District of Columbia on the indictment there returned against them and against the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery, the Harris County (Texas) Medical Society and fifteen prominent physicians in Washington, D. C. The indictment charges all defendants with having conspired to violate Section 3 of the Sherman Antitrust Act. The Association respectfully asks the indulgence of the medical profession and the public throughout the United States for any deficiencies which may result from this unavoidable and unfortunate condition.

When the American Medical Association was requested to assist in the national emergency now confronting this country, its House of Delegates voted unanimously and without dissent to give whole-hearted cooperation and support. The officers, the headquarters office, the Committee on Medical Preparedness, the state chairmen and numerous other physicians have been and are now engaged intensively in that service, and they expect to continue therein. In advising physicians and the public of this apparent discouragement in the essential work that it has undertaken

to perform, the Association desires to say that it will do its utmost to overcome all obstacles to medical preparedness. We assure the medical profession that it will never be said, either in criticism or in comment, that the Association failed its country in any hour of need, no matter what obstacle might arise to interfere with the otherwise expeditious and efficient service that this country deserves in this critical hour.

The Journal has indicated repeatedly the difficulties associated with medical mobilization and the nature of the work now being carried on to provide all the various arms of the government with physicians. Even though this work will be seriously hampered by absence from the headquarters office of some of the key men who have been charged with this duty, every possible method will be utilized to carry on the work as expeditiously as can be done. Plans are also being developed for the handling of correspondence, finance, personnel and all the other multitudinous affairs associated with the work of this great organization to the best extent of which the organization is capable, so that the medical world and the public may not suffer by this serious interference with the provision of medical service and the dissemination of knowledge of medical advancement.

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On Medical Preparedness.—In this issue of CALIFORNIA AND WESTERN MEDICINE considerable space is given to the subject of medical preparedness, the special attention of members of the California Medical Association being called to the following items:

1. *Importance of Returning Questionnaire Blanks to the American Medical Association Headquarters in Chicago.*—At the joint meeting of the national committee and state chairmen of the Committees on Medical Preparedness, held in Chicago on September 20, the California representatives (Dr. Charles A. Dukes of the national committee and Dr. Philip K. Gilman, chairman of the California committee) were informed that only 54 per cent of the licensed physicians of California had returned the questionnaires originally sent to them from Chicago.

Recently, lists of those physicians whose questionnaires were not on file in that city have been received at the central office of the California Medical Association. Questionnaire blanks will be forwarded from San Francisco to the physicians who did not reply to the first request, and it is to be hoped that the blanks will be filled in and promptly mailed to the headquarters of the American Medical Association, at 535 North Dearborn Street, Chicago. The lists reveal the fact that about 2,500 members of the California Medical Association failed to transmit the information requested. In addition, some 3,500 physicians who are not members of the State Medical Association, likewise failed to remail their blanks.

The American Medical Association has taken on this work as one of its contributions to national defense, the definite purpose being to make it possible for the medical corps of the United States Army and Navy, and of the Public Health Service to have available, on short notice, essential information concerning the training and qualifications of every physician who is now in practice in the United States.

Physicians who fail to send in their blanks may later find themselves the victims of embarrassing circumstances, should unwelcome assignments be received from Washington.

All physicians who have not returned their replies are urged to do so when the follow-up blanks are received. To insure a prompt response for the questionnaires, the coöperation of key-men in the county societies, and of members of the Woman's Auxiliaries has been enlisted. The California Committee on Medical Preparedness urges the fullest coöperation in this important work.

2. Lists of Medical Examiners for Selective Service.—For the convenience of members, a list of California physicians who are attached to the various selective service boards is given in this issue (on page 224). Readers are requested to call attention to any errors or omissions. The list was received from the office of the Adjutant-General of California, and is of October 20, 1940, date.

3. Instructions to Medical Examiners.—Also, for reference convenience of physicians who have accepted places as medical examiners, CALIFORNIA AND WESTERN MEDICINE prints a "Bulletin of Information," issued by the military authorities, concerning the examinations of draftees. It may be desirable, therefore, to mark and lay aside this issue for possible future use (see page 229).

4. Other Information.—Other items in connection with medical preparedness are also presented. Members who have heretofore given only casual attention to the progress being made in medical preparedness may find some of the information of considerable interest.

It may not be out of place to add that Doctors Charles A. Dukes and Philip K. Gilman report that excellent understanding and full coöperation have been had with both federal and state authorities, whom they have found it necessary to consult while engaged in carrying into execution for California, adequate plans on medical preparedness.

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Annual Session, Del Monte, May 5-8, 1941.—Members are again reminded that the annual session of the year 1941 will be held in Hotel Del Monte, Monday, May 5, to Thursday, May 8, inclusive. The usual study groups (radiology, clinical pathology, heart symposia, and others) will hold conferences on Sunday, May 4. The April issue of the OFFICIAL JOURNAL will present the preliminary program announcements.

As stated in former issues, the four morning programs will be given over to general sessions to be held in the large auditorium: (on Monday, organization topics; on Tuesday, medical papers and clinical-pathologic conference; on Wednesday, surgical subjects; and on Thursday, current advances in medicine, surgery, and the specialties). Also, during the morning hours, medical and surgical films will be displayed in one of the larger assembly rooms. The four afternoons will be allocated to the twelve scientific sections—medicine, surgery, and the specialties. The plan in vogue in former years, of keeping Tuesday afternoon free for entertainment has been discontinued, thus permitting specialty groups to hold their meetings in day-to-day sequences.

Any member of the Association who has in mind the presentation of a paper should promptly write to the secretary of the Section before which the

paper would be read (the roster of section officers appears in every issue of CALIFORNIA AND WESTERN MEDICINE, on advertising page 6). Correspondence concerning films and scientific exhibits should be taken up with the Association Secretary, who also functions as chairman of the Committee on Scientific Work. Prizes and certificates of merit will be awarded for outstanding scientific exhibits.

Communications concerning hotel accommodations and reservations should be addressed to Hotel Del Monte, Del Monte, California.

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On Coöperation of California Medical Association with State of California Departments.—

One of the objectives of organized medicine is the promotion of kindly relations between groups of doctors on the one hand, and, on the other, with divisions or bureaus of the State of California that may have responsibilities in the care of sick citizens, or in the conservation of the public health. This is easily understood, because physicians, as representatives of scientific medicine, are interested in all activities that make for the prevention of sickness and prolongation of life.

Recently, officers of the State Association, and in particular its chairman, Dr. Philip K. Gilman, have had a number of informal conferences with certain groups in which matters of public health and welfare were frankly discussed, and resulting therefrom plans have been suggested whereby some of the problems which constantly confront certain departments of the State and its constituent counties may be solved to somewhat better advantage in the future. Mention may be made of:

1. A proposal to allot a place on the program of the first general meeting, of the May 5-8, 1941, annual session to representatives of the California State Board of Public Health for presentation of matters of mutual interest.

2. A plan for what is hoped will result in an harmonious settlement of certain child welfare activities and complications that have gradually developed in one of the San Francisco Bay counties; and

3. A recent conference with representatives of the State Relief Administration of California, in which plans were considered for closer coöperation in the care of citizens on relief, with the possibility of ultimate adjustments that may be of considerable scope and importance.

All this, as it should be, is in line with modern-day policies. It is not out of place to remember that what the State Medical Association is doing in relation to problems affecting the commonwealth, could well be patterned after by those county medical societies whose members are trying to meet and solve analogous problems in their respective districts. It should not be forgotten that every individual and group with whom a physician or a medical society has cordial contacts makes for better understanding and friendships—a condition very much needed if the medical profession is to be victorious in some of the battles still ahead.

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Readjustment of Administrative Duties in the Central Office.—During the last half-dozen years the Council has appointed several special

committees to bring in reports on ways and means, whereby the facilities of the Association's Central Office might be maintained in a state of maximum efficiency. During this period the rapid increase in membership, and a mass of unforeseen but very important work, in which basic policies of the Association, extensive survey studies, and the expediting of large portions of the Association's reserve funds were frequently involved, threw upon the Central Office much extra work. The Council, the Executive Committee, the Special Committees, and the Association Secretary were all called upon to assume new responsibilities and give much additional time, thought and effort to bring about a solution of the various problems, as these came to the front one after the other and all in somewhat rapid succession. Examples of such unforeseen lines of special endeavor could include: the Alameda Plan, proposed at the Riverside annual session of 1934; the proposed statutes presented to the California Legislature and drafted to apply to medical service and nonprofit hospitalization plans; the California Medical Economic Survey; the activities to be carried on through the special assessment of July 1, 1939; the compulsory health legislation espoused by the present State Administration; and last, but not least, California Physicians' Service. Each of these projects and others of similar nature meant that a heavy load of extra duties was thrust upon the routine of the Central Office and Association Secretary, not infrequently disarranging the regular work for longer or shorter periods.

At Coronado, in May last, in response to resolutions adopted by the House of Delegates, the Council again took up the matter and appointed a special committee, consisting of Council Chairman Philip K. Gilman of San Francisco, President Harry H. Wilson of Los Angeles, and President-Elect Henry S. Rogers of Petaluma, to work out the details of arrangements that had been discussed. The report of the Special Committee, which was approved by the Executive Committee and by the Council, appears in this issue, and it is hoped that members will take the time to scan it.

In the meantime, the attention of the officers and members of the component county medical societies is called to the appointment of an additional administrative officer, Mr. John Hunton, who henceforth will act as the executive secretary of the California Medical Association, and whose name will soon become familiar through communications going forward from the headquarters office. Members are requested to give him all possible coöperation in the performance of his duties. Further information on this subject may be gleaned from the report of the special committee, which will be found in this issue, on page 219.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 219.

EDITORIAL COMMENT†

"BINOMIAL" THEORY OF TYPHOID FEVER

According to experimental data recently reported by Magrassi and Galli¹ of the Institute for General Clinical Medicine, Rome, Italy, typhoid fever is not a simple bacterial infection. Their evidence suggests that the essential etiologic factor is an ultravirus growing in adherent symbiosis with the nonpathogenic typhoid bacillus. There is also evidence that this hypothetical virus is also capable of "activating" the normal intestinal flora and thus serving as a symbiotic etiologic factor for numerous nontyphoid intestinal infections.

That many infectious diseases are of complex or "binomial" etiology has been adequately demonstrated during the last decade. Swine influenza, for example, has been convincingly shown to be due to the synergic or concurrent action of a subpathogenic filterable virus and the relatively nonpathogenic swine influenza bacillus. The possibility that typhoid fever is of similar synergic etiology was suggested to the Italian clinicians by their study of the dissociable virulence factor ("Vi-antigen") from the typhoid bacillus. Freshly isolated, fully virulent typhoid bacilli are relatively rich in this so-called "Vi-antigen," which factor, however, is readily dissociated from the bacilli. A mere suspension of the bacilli in physiologic salt solution is sufficient to set free most of this adherent capsular colloid. The analogy between this dissociable capsular virulence and bacteriophage suggested that the Vi-antigen might be a filterable virus.

To test this concept filtrates from partially autolysed virulent typhoid bacilli were injected intravenously, intraperitoneally or intracerebrally into young rabbits (circa 1,500 grams). Immediate toxic symptoms were noted after massive intraperitoneal injections. With relatively small doses of Vi-antigen factors injected intracerebrally, however, there was usually a latent period of from three to ten days before the appearance of demonstrable symptoms. Increasing muscular weakness with diarrhea and a rapid loss of weight were then noted. Two-thirds of their cases ended fatally by the fifteenth to the fortieth day. On autopsy the brain, spleen, liver, and heart blood were usually found to be bacteriologically sterile.

Ten per cent aqueous emulsions were made from these autopsied organs, cellular detritus and possible bacterial contaminants being removed by centrifugation and porcelain filtration. The filtrates would reproduce the emaciating diarrheal disease in all of its original severity, if injected intracerebrally into young rabbits. By this technique the filtrate infection has been propagated for six consecutive generations without demonstrable loss of

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Magrassi, F., and Galli, F.: *Boll. R. Acad. Med. di Roma*, 64:7, 1938; *Arch. ges. Virusforsch.*, 1:325 (Feb.), 1940.